



DOCKET NO.: CM03429J

UNITED STATES PATENT AND TRADEMARK OFFICE

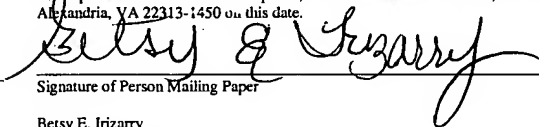
APPLICANT(S) CALLAWAY, EDGAR GROUP ART UNIT: 2817  
HERBERT JR.  
APPLN. NO.: 10/021,636 EXAMINER: Jones, Stephen E.  
FILED: 12/12/01 Confirmation No. 9661  
TITLE: METHOD AND APPARATUS FOR CREATING A RADIO  
FREQUENCY

1/14/04

Certificate of Mailing

Date of deposit: 1-14-04

I hereby certify that this paper is being deposited with the United States Postal Service on the date indicated above, as first-class mail, with sufficient postage attached thereto, in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date.

  
Signature of Person Mailing Paper

Betsy E. Jizarry  
Printed Name of Person Mailing Paper

RESPONSE AFTER FINAL REJECTION  
UNDER 37 C.F.R. §1.116

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated 11/21/03, Paper No. 4, and Examiner's comments with regard thereto, please enter the following amendments after final action under 37 C.F.R. §1.116, in the above-entitled application, without prejudice or disclaimer.



Image AF/ 2817

<b>TRANSMITTAL FORM</b>	Application Number	10/021,636
	Filing Date	12/12/01
	First Named Inventor	CALLAWAY, EDGAR HERBERT JR.
	Group Art Unit	2817
	Examiner Name	Jones, Stephen E.
Total Number of Pages in this Submission	Attorney Docket No.	CM03429J

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Barbara R. Doutre	Registration No.	39,505
Signature	<i>Barbara R. Doutre</i>		
Date	1/14/04		

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:			
Typed or printed name	Betsy E. Irizarry		
Signature	<i>Betsy E. Irizarry</i>	Date	1/14/04

**FEE TRANSMITTAL  
for FY 2004**

Patent fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**0.00**

**Complete if Known**

Application No. 10/021,636  
Filing Date 12/12/01  
First Named Inventor CALLAWAY, EDGAR HERBERT JR.  
Examiner Name Jones, Stephen E.  
Group Art Unit 2817  
Attorney Docket No. CM03429J

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ -Deposit Account

Deposit Account Number

50-2117

Deposit Account Name

Motorola, Inc.

The Commissioner is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayment

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
1001	770	2001	370	Utility filing fee	
1006	770	2006	370	Utility filing fee CPA	
1002	330	2002	165	Design filing fee	
1007	330	2007	165	Design filing fee CPA	
1003	510	2003	255	Plant filing fee	
1004	750	2004	370	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims		Fee from below		Fee Paid	
Total Claims	23	-23* =	0	x	18	=	
Independent							
Claims	4	-4* =	0	x	84	=	
Multiple Dependent					280		